L12 000 081 377

(Request	or's Name)
(iteques	or a marrier
(Address	<u>, </u>
(Address)
(*) !	
(Address)
(City/Sta	re/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busines	s Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:

Office Use Only



400430787614

96/04/24~-01022--013 *****◆30.00



COVER LETTER

	gistration So vision of Cor			
SUB J ECT:	Wineglass	Enterprise, LLC		
Some Let.		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		Lisa Y. Shorts Pitell		
			Name of Person	
		Pitell Law Firm P.L.		
			Firm/Company	···
		PO Box 5148		
			Address	
		Niceville, FL 32578		
			City/State and Zip Code	
		lyp@lyp-law.com		
For further i	nformation c	oncerning this matter, please of	to be used for future annual report nall:	ottication)
Lisa Y. Sho	orts Pitell		850 897-0045	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tollobourge El 22214

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monney Stand College 910

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wineglass Enterprise, LLC				
(Name of the Lim	ted Liability Compa (A Florida Limited l	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Libert Horida document number 1.12000081377	iability Company	were filed on	June 20, 2012	and assigned
This amendment is submitted to amend the fol-	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company h	ere:	
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the o	lesignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		343	AMBrose CI	OCH Dr.
Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>	SU 641	HILL , E	14 25/8
Enter new mailing address, if applicable:		_343	AMBrose HILL	Istack DI.
Mailing address MAY BE A POST OFFICE BOX)		5-6-	(H.IL et	SA: 505/8
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our r	ecords, enter the na	ame of the new register
Name of New Registered Agent:	Lisa Y Shorts P	ritell		
New Registered Office Address:	1402 Cat Mar R	Road, Suite B		
		Enter Flo	rida street address	*
	Niceville		, Florida	32578
		Citv	. , , , , , , , , , , , , , , , , , , ,	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Nancy I Cottle	9815 U.S. HIGHWAY 98 WEST	□Add
		1403 Gulfside	= Remove
		Miramar Beach, FL 32550	□Change
MGH	Michael COTTIE	343 AMBROSE CREEK Dr.	@ Add
		343 AMBROSO CREEK Dr.	Remove □
			□Change
MGR	HIST.N LOTTLE	343 Ambrose Clerk Dr.	
		SU Sal HILL, GA 3051.	∠ □ Remove
			ll Change
			□Add
			□ Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□ ∧dd
			□Remove
			[] Change
			□Add
			🗀 Remove
			□ Change

								<u> </u>
								_
								_
					·			
								—
							_	
			<u></u>					
				·				
							·—	
					· • • • • • • • • • • • • • • • • • • •			
								
						- 		
								_
If an effective Note: If the	ite, if other than the date is listed, the date me date inserted in this leffective date on the	ast be specific and block does not a	d cannot be pri meet the appl	icable statuto				
e record spec rd is filed.	ifies a delayed effect	ve date, but no	t an effective	time, at 12:0	a.m. on the	carlier of: (b)	The 90th day a	ifter the
D . 1			2024					
Dated			; ——	·				
		dul	/pl	de-				
_		Signature of a	member or aut	horized represe	entative of a me	mber		
		М	ichael J Cottl	e. Manaver				

Filing Fee: \$25.00